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## APPLICANTS

Laura Gillim-Ross, Mechanicville, NY;  
Jill Taylor, Albany, NY;  
David R. Scholl, Athens, OH;  
David E. Wentworth, Guilderland, NY;  
Joseph D. Jollick, Athens, OH;

\*\* CONTINUING DATA \*\*\*\*\*

None MM

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None MM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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\*\* SMALL ENTITY \*\*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>MM</i>				

## ADDRESS

Maha A. Hamdan  
MELDEN & CARROLL, LLP  
Suite 350  
101 Howard Street  
San Francisco, CA94105

## TITLE

Compositions and methods for detecting severe acute respiratory syndrome coronavirus

<b>FILING FEE RECEIVED</b> 865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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